

COMMONWEALTH OF KENTUCKY

Instructions for Obtaining a Kentucky State ABC License

REQUIREMENTS:

- a. You must be at least 21 years of age to apply.
- b. You must be a Ky. Resident for the past year unless you apply as a corporation, LLC or Ltd. Partnership.
- c. You must be a citizen of the US unless you apply as a corporation, LLC or Ltd. Partnership ownership.
- d. Individuals, partners, officers, directors or managers may not apply if, within the past 5 years, they have been convicted of any felony; or within the past 2 years have been convicted of any alcohol or controlled substance misdemeanor.

- STEP 1. You must advertise your intention to apply for an ABC license(s) one time in a newspaper of general circulation in the area where the premises to be licensed is located. An officer of the newspaper must complete the affidavit of publication, which is enclosed. The completed affidavit and clipping must be attached to your application.
- STEP 2. Answer all questions and have the form notarized. Incomplete or deficient applications delay processing and your application may be returned.
- STEP 3. Attach a **certified check, cashier check, or money order payable to: Kentucky State Treasurer** for your application fee(s). See the attachment to determine the appropriate amount due based on license type and premises location.
- STEP 4. Kentucky residents must submit the appropriate fee **payable to: Kentucky State Treasurer** for the Administrative Office of the Courts to obtain a statewide Kentucky police record check. The cost is \$10.00 per person and a record check must be conducted on all persons listed in the Basic Application under Section D-5. You may submit one (1) check for all backgrounds provided this check is separate from your check for licensing fees. Non-residents are responsible for providing a **statewide** police record check from their state(s) of residence for the past five (5) years. If you have not lived in Kentucky for five (5) years, you must submit a statewide police record check from the state(s) previously resided in for those years along with your fee for Kentucky background checks.
- STEP 5. If you apply as a corporation, limited partnership, or limited liability company, attach a copy of your articles of incorporation; partnership papers, or organizational papers from the Secretary of State. Your company must be approved to do business in the state of Kentucky and in good standing with the Kentucky Secretary of State's Office.
- STEP 6. If you do not own the real estate where you will sell alcohol, attach a signed copy of your lease. All lease agreements must run through the full period of your license.
- STEP 7. Contact the Kentucky Revenue Cabinet at (502) 564-3306 to obtain the proper Kentucky sales tax numbers for your business. Your license will not be issued without these numbers.
- STEP 8. Attach any other required affidavits such as: fire marshal certificate of seating capacity for restaurants; surety bonds for manufacturers and wholesalers, etc... Your Schedule(s) will list any attachments you need to make.
- STEP 9. Take your application(s) to your local ABC administrator and obtain their signature of approval on your state applications(s).

New licenses take approximately 30 – 60 days to process. If your license is not issued for any reason, you must submit a written request for a refund. The Department will retain \$50 of your application fee for processing costs.

If you have any questions or need assistance, please contact our department or visit our web site.

<http://abc.ppr.ky.gov>

FRANKFORT: Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, KY 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax

NOTE: You are required to obtain a Federal Special "Occupational Tax" License from the Alcohol and Tobacco Tax and Trade Bureau (**TTB**) for \$250 per year. You must contact their office to obtain an application form and information about your federal permit:

Alcohol and Tobacco Tax and Trade Bureau, Telephone Number (513) 684-3334
National Revenue Center
550 Main St., Cincinnati, Ohio 45202-3263

TYPE OF LIQUOR AND WINE LICENSES AVAILABLE BY AREAS

Areas qualified to hold any type of liquor and or wine by the drink license OR by the package license.

1 st . Class Cities	Jefferson County	
2 nd . Class Cities	City of Ashland City of Bowling Green City of Richmond Campbell County Christian County	Daviess County Fayette County Franklin County Henderson County Kenton County McCracken County
3 rd . Class Cities	City of Nicholasville City of Pikeville Boone County Bourbon County	Clark County Mason County Perry County
4 th . Class Cities	City of Augusta City of Bardstown City of Carrollton	City of Morehead City of Shepherdsville

Areas qualified to hold by the package licenses only.

4 th . Class Cities	City of Central City City of Cumberland City of Eminence City of Falmouth City of Russellville City of Springfield City of Vanceburg	Anderson County Bracken County Bullitt County Floyd County Fulton County Magoffin County Marion County	Nelson County Nicholas County Union County Washington County Woodford County
5 th . Class Cities	Gallatin County Meade County Wolfe County		

Areas qualified to hold Sunday Liquor drink Licenses.

SD	All by the drink licensees in Campbell and Kenton Counties.
LS	Qualifying 50% food restaurants in Daviess, Fayette, and Jefferson Counties, Franklin County (outside city limits only), and Cities of Bardstown, Bowling Green, Maysville, Owensboro, and Shelbyville.
LLS	Qualifying 70% food restaurants in the Cities of Elizabethtown and Radcliff.
RS	LD and PC licensees in Jefferson County.
ESL	All wet areas holding Convention Centers, Automobile Race Tracks, Horse Race Tracks, and Commercial Airport Licenses.

Areas that qualify to hold restaurant drink liquor with 50% food sales (RD), motel drink liquor (ML), restaurant wine (RWL), or private club (PC) licenses.

1 st . Class Cities	As listed above	
2 nd . Class Cities	As listed above	
3 rd . Class Cities	As listed above	
4 th . Class Cities	City of Carlisle City of Central City City of Cynthiana City of Fulton City of Madisonville City of Mt. Sterling City of Prestonsburg City of Salyersville City of Shelbyville City of Versailles Carroll County Harrison County Marion County Nelson County Union County	RD, ML and RWL licenses RD, ML, RWL and PC licenses RWL and PC licenses RD, ML and RWL licenses. RD, ML, RWL and PC licenses RD, ML, RWL and PC licenses RD, ML and RWL licenses RD, ML and RWL licenses RD, ML and RWL licenses RD, ML and RWL Licenses RD, ML and RWL licenses RWL and PC licenses RD, ML and PC licenses RD, ML and RWL licenses RD, ML and RWL licenses

**TYPE OF LIQUOR AND WINE LICENSES AVAILABLE BY
AREAS**

Areas that qualify to hold Limited Restaurant Liquor/Wine/Beer by the Drink with 70% food sales by election

City of Corbin City of Danville City of Elizabethtown City of Georgetown City of Guthrie	City of Kuttawa City of Murray City of Radcliff County of Shelby
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Premises that qualify to hold Golf Course Liquor/Wine/Beer by the Drink Licenses in limited elections

Madison County Madison County Jessamine County Union County Shelby County Hardin County Calloway County	Arlington Golf Course Bull Run Golf Course Champions Golf Course in Nicholasville Breckinridge Golf Course Persimmon Ridge Golf Course Pine Valley Golf course Murray Golf Course
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HOW TO FIGURE STATE ABC LICENSE FEE (\$)

1. Pick the County where your premises are to be located from this chart.
2. Pick the month you want the license(s) to become effective.
3. Which fee will you pay? ☐ Full Year Fee ☐ Half Year Fee
4. Go to the back page of your application "**Schedule**" and find the exact dollar (\$) amount to pay.

All other applicants use this table

<i>COUNTY WHERE PREMISES ARE LOCATED</i>	<i>PAY FULL YEAR FEE For licenses issued between</i>	<i>PAY HALF YEAR FEE For licenses issued between</i>
Anderson	July – December	January – June
Boone	October – March	April – September
Bourbon	July – December	January – June
Boyd	July – December	January – June
Boyle	June – November	December - May
Bracken	July – December	January – June
Bullitt	February – July	August – January
Calloway	April – September	October – March
Campbell	November – April	May – October
Carroll	July – December	January – June
Christian	April – September	October - March
Clark	May – October	November – April
Daviess	February – July	August – January
Floyd	June – November	December – May
Franklin	July – December	January – June
Fulton	April – September	October – March
Gallatin	July – December	January – June
Hardin	February – July	August – January
Harlan	June – November	December – May
Harrison	June – November	December – May
Henderson	March – August	September – February
Henry	July – December	January – June
Hopkins	May – October	November – April
Jessamine	May – October	November – April
Kenton	December – May	June – November
Knox	June – November	December – May
Lewis	July – December	January – June
Logan	May – October	November – April
Lyon	April – September	October – March
Madison	June – November	December – May
Magoffin	June – November	December – May
Marion	May – October	November – April
Mason	July – December	January – June
McCracken	April – September	October – March
Meade	February – July	August – January
Montgomery	June – November	December – May
Muhlenberg	May – October	November - April
Nelson	May – October	November – April
Nicholas	July – December	January – June
Pendleton	July – December	January – June
Perry	June – November	December - May
Pike	July – December	January – June
Rowan	July – December	January – June
Scott	July – December	January – June
Shelby	July – December	January – June
Todd	May – October	November – April
Union	March – August	September – February
Warren	May – October	November - April
Washington	May – October	November – April
Whitley	June – November	December – May
Wolfe	July – December	January – June
Woodford	July – December	January - June

HOW TO FIGURE STATE ABC LICENSE FEE (\$)

If licenses will be issued in Fayette County (Lexington) or Jefferson County (Louisville)

1. Pick the County where your premises are to be located from this chart.
2. Pick the month you want the license(s) to become effective.
3. Which fee will you pay? ☐ Full Year Fee ☐ Half Year Fee
4. Go to the back page of your application "Schedule" and find the exact dollar (\$) amount to pay.

Fayette County (Lexington Ky.) Applicants use this table

Fayette County Zip Code of Premises	PAY <u>FULL</u> YEAR FEE For licenses issued between	PAY <u>HALF</u> YEAR FEE For licenses issued between
40501 to 40505	October – March	April – September
40506 to 40509	November – April	May – October
40510 to 41906	December – May	June - November

Jefferson County (Louisville, Ky.) Applicants use this table

Jefferson County Zip code of Premises	PAY <u>FULL</u> YEAR FEE For licenses issued between	PAY <u>HALF</u> YEAR FEE For licenses issued between
40023	February – July	August – January
40025 to 40027	March – August	September – February
40041	June – November	December – May
40059	March – August	September – February
40118	April – September	October – March
40177	April – September	October – March
40201 to 40202	December – May	June – November
40203 to 40204	November – April	May – October
40205	February – July	August – January
40206	October – March	April – September
40207	June – November	December - May
40208 to 40209	June – November	December – May
40210 to 40212	April – September	October – March
40213 to 40216	March – August	September – February
40217 to 40218	February – July	August – January
40219	March – August	September – February
40220 to 40242	February – July	August – January
40243 to 40251	March – August	September – February
40252	February – July	August – January
40253 to 40256	March – August	September – February
40257	February – July	August – January
40258	October – March	April – September
40259	March – August	September – February
40261 to 40266	December – May	June –November
40268	October – March	April – September
40269	February – July	August – January
40270 to 40289	October – March	April – September
40290 to 40291	November – April	May – October
40292	June – November	December – May
40293 to 40298	November – April	May – October
40299	February – July	August - January

**EXAMPLE OF PUBLIC NOTICE
WHEN APPLYING FOR AN ABC LICENSE**

KRS 243.360 requires a person to first advertise their intention to apply for these licenses in the newspaper. Please use the following to assist you with this requirement. Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:
(Fill in the blanks)

_____, Mailing address

(List the Name of each individual owner(s) or the name of the Corporation, Ltd, or L.L.C. the license will be issued under)

_____ Hereby declares intention(s)

(Include Street, City, State and Zip)

to apply for a _____ license(s)

*(List **all license types** you are applying for. (Example) Retail Liquor by the Drink, Retail Beer, Restaurant Liquor by the Drink, Retail Liquor Package, Restaurant Wine by the Drink and so on...)*

no later than _____, The business to be licensed will be

(Enter the date you intend to make application to the State ABC)

located at _____ Kentucky _____.

*(List the **EXACT** street address and city where the ABC license is to be issued)*

(Zip)

doing business as _____

(List the name of your business (D.B.A.))

The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:

_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>

Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days of the date of this legal publication. (End of advertisement)

Forward a clipping of this advertisement along with the Affidavit of Publication to:

*Kentucky Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
(502) 564-4850 phone
(502) 564-1442 fax*

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

(502) 564-4850 phone
(502) 564-1442 fax

GLUE OR
TAPE
CLIPPING
HERE

AFFIDAVIT OF PUBLICATION

**Attesting Publication of Intention to Engage in an
Alcoholic Beverage Business**

The following Affidavit of Publication is to be executed by an officer of the newspaper in which the application advertised, one time before date of application for an alcoholic beverage license, his/her intention to engage in the business authorized by the license applied for. A clipping of the advertisement must be attached to this Affidavit of Publication.

_____ of _____
(Name of Officer at Newspaper) (City) (State)

Being first duly sworn, says that he / she is _____
(Title of Position at Paper)

of the _____ a newspaper printed and published in the
(Name of Newspaper)

State of _____ County of _____, and having a general circulation in the County of

_____, Kentucky, and that the attached advertisement is a true copy and has been

Published in said newspaper on the following date(s): _____

Signature of Officer _____

Subscribed and sworn to before me, a Notary Public within and for the State and County aforesaid, by

_____ to me personally known, this _____ day of _____ (year) _____

My Commission expires the _____ day of _____ (year) _____

County of _____ Notary Public _____

**THIS AFFIDAVIT PROPERLY EXECUTED MUST BE ATTACHED TO THE ABC APPLICATION
FOR LICENSING.**

LEASE AGREEMENT

I, (We) _____,
hereby agree to lease to _____,
the premises located at _____,

in _____ County, Kentucky.

The said lease shall be for a term of _____,
beginning _____ and ending _____.
The rent shall be payable at a rate of _____.

I understand and agree upon, that the premises herein named shall be used
for lawful purposes only.

Lessor X _____

Lessor X _____

Lessee X _____

Lessee X _____

Subscribed and sworn to before me, a Notary Public, on this the _____
day of _____, 20_____, by the above Lessor and Lessee.

Notary Public _____

My commission expires _____.

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502.564.4850 phone
502.564.1442 fax

Site I.D. #

"BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES"

Applications may be returned if all questions are not answered completely.

Leave Blank – For ABC Use Only

License # _____ \$ _____ Val. _____ License # _____ \$ _____ Val. _____

License # _____ \$ _____ Val. _____ License# _____ \$ _____ Val. _____

Malt Beverage Administrator's Approval _____ Date _____

Distilled Spirits Administrator's Approval _____ Date _____

(A)

Applicant's name(s) or company to be licensed _____

DBA (Name of Business) _____

Address of premises to be licensed _____

City _____ County _____ State _____ 9 digit zip code _____

Mailing address if different from above _____

Contact person 8:00 am – 4:30 pm _____ e-mail address _____

Contact phone _____ Fax _____ Premises phone _____

List all schedules you have attached _____ Enter amount of fee enclosed \$ _____

(B) 1.

Provide the tax numbers (must be issued in the applicant's name). Failure to provide the number or discrepancies in the name will prevent this application from being processed.

Ky. Sales & Use Tax # _____

Ky. Withholding Tax # _____

Ky. Corporate Tax # _____

Federal EIN # _____

(C)

2. List all types of licenses you are applying for _____

3. What Month do you want your license(s) to become effective? _____

4. Are you the owner of the real estate where these premises are to be licensed? _____ ☐ Yes ☐ No

If no, you **must attach** a signed copy of your lease. ABC **will not** issue or renew any license(s) unless this lease extends through the full period of your license expiration date.

List the name of the owner of the premises real estate _____ Give date lease expires _____

(D) 5.

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

If additional space is needed, please make an attachment.

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

Please state in section D5 if this is a publicly held company.

(E)

6. Is the applicant a corporation, limited partnership, or limited liability company, in good standing with the Ky. Secretary of State? ☐ Yes ☐ No
List the State Incorporated or organized in _____
Attach a copy of your Articles of Incorporation, which shows the filing date with the Kentucky Secretary of State's Office.
7. Is the entire license fee paid by the applicant and by no other person? ☐ Yes ☐ No
8. Are the premises to be licensed located within an incorporated city or town? ☐ Yes ☐ No
If yes, list the name of the city or town _____
9. Have you ever been licensed to sell alcoholic beverages? ☐ Yes ☐ No
If yes, give the name of the state and license number(s) _____
If Kentucky, are you transferring this license to a new location? ☐ Yes ☐ No
10. Does anyone named in section D 5 of this application have any interest in any kind of alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying? ☐ Yes ☐ No
If yes, describe the interest(s) _____
11. a. Has the applicant or any person named in section D 5 been convicted of any felony? ☐ Yes ☐ No
b. Has the applicant or any person named in section D 5 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance? ☐ Yes ☐ No
If yes to either question, attach a statement giving a full explanation, including date(s) of conviction(s).
12. Has a license been suspended or revoked or denied for the premises or any person named herein? ☐ Yes ☐ No
If yes, attach a statement giving a full explanation, including dates of suspension, revocation, or denial.
13. Are the premises to be licensed and the entrance located on the street level? ☐ Yes ☐ No
If no, is the business a hotel, club or restaurant? ☐ Yes ☐ No
14. a. Have the premises been licensed to sell alcoholic beverages in the past twelve months? ☐ Yes ☐ No
b. Are the premises currently licensed? ☐ Yes ☐ No
c. If yes, give the Kentucky License number (s) _____
d. Is the license being transferred to you? ☐ Yes ☐ No
15. Are you acquiring an interest in an existing business? ☐ Yes ☐ No
If yes, check all the following boxes that apply to you. ☐ Inventory ☐ Fixtures and Equipment
☐ Ownership by purchase of shares ☐ Ownership by purchase of assets ☐ Leases ☐ Other _____

(F) **THE SELLER SHOULD COMPLETE THIS SECTION IF ITEM # 15 HAS BEEN ANSWERED "YES" OR IF SOMEONE IS TRANSFERRING THEIR LICENSE (S) TO YOU.**

I (we), _____ the seller(s) or owner(s) of the business known
(Enter the **exact name(s)** that appears on the current license(s))

as _____ located at _____ Kentucky, am the
holder of a ☐ Malt Beverage (beer) ☐ Liquor by Drink ☐ Liquor by Package ☐ _____ (other) license(s). The license
number(s) is (are) _____. I hereby represent that I have agreed to convey all license privileges (permitted
by law) to _____. I (we) understand that I (we) **may not** relinquish control of the business,
(Enter the **exact name(s)** that is applying to become the new licensee)
premises, or my interest in the licenses until such time as the buyer's application has been approved by the Department of Alcoholic Beverage Control.

Signature of Seller _____ Title _____ Date _____
(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**)

Sworn or affirmed before me on this _____ day of _____, year of _____. My Commission expires _____

Notary Public _____ County of _____ State of _____
(Canadian applicants are exempt from this notary requirement)

(G) **AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)**

I, _____ (☐ Buyer or ☐ New Applicant), do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I will abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

Signature of Buyer or New Applicant _____ Title _____ Date _____

Sworn or affirmed before me on this _____ day of _____, year of _____. My Commission expires _____

Notary Public _____ County of _____ State of _____
(Canadian applicants are exempt from this notary requirement)

SCHEDULE "W"
LIQUOR & WINE WHOLESALER AND OR MALT BEVERAGE BEER DISTRIBUTOR

Site I.D. #

LEAVE BLANK – FOR ABC USE ONLY

License # _____ \$ _____ Validating # _____ License # _____ \$ _____ Validating # _____

License # _____ \$ _____ Validating # _____ License # _____ \$ _____ Validating # _____

Malt Beverage Administrator's Signature of Approval _____ Date _____

Distilled Spirits Administrator's Signature of Approval _____ Date _____

Applicant's name(s) or company to be licensed _____

D.B.A. (Name of Business) _____

Address of premises to be licensed _____

1. Are you applying for a **Wholesale Liquor and Wine License**?..... ☐ Yes ☐ No

If yes, KRS 243.400 requires each Wholesaler attach a surety bond in the minimum amount of \$2,000 or an amount equal to three times the monthly tax liability, whichever is less, and up to

a maximum amount of \$25,000. Is your surety bond attached?..... ☐ Yes ☐ No

(See page 5 for a copy of the Bond.)

1a. KRS 244.440 requires every liquor and wine supplier (owner) to register with the Ky. State ABC the name of the Kentucky Wholesaler to whom distributing rights have been granted. The Ky. ABC Department uses **ABC Form 715** to furnish such information.

Is your brand registration form ABC 715 completed and attached?..... ☐ Yes ☐ No

1b. KRS 243.340 allows a Special Agent or Solicitor License may be issued to a sales representative of liquor and wine wholesalers. Each employee or representative must complete a separate application (Schedule A) and obtain a license before soliciting products.

2. Are you applying for a **Beer Distributors License**?..... ☐ Yes ☐ No

If yes, list the brands of beer, which you will sell.

2a. All beer distributors are required to provide brand approval and territorial designation from each supplier (owner). **ABC Form 714** is used by our Department to provide this information. You must supply our Department with this information on each brand before beginning sales in Kentucky.

Are your Ky. ABC Forms 714 attached?..... ☐ Yes ☐ No

KRS 243.360 requires an applicant to first advertise their intention to apply for these licenses in the newspaper please use the attached example to assist you with this requirement. (If you are currently licensed and only adding a Sunday or a supplemental bar license to your premises you are not required to run this advertisement.)

Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

After your advertisement has appeared in the paper, obtain a clipping from the paper and attach the Affidavit of Publication to your ABC application. The Affidavit of Publication is enclosed and should be completed by an official of the newspaper where the advertisement appeared.

I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Department has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use or and trafficking in alcoholic beverages.

Signature of Applicant _____ **Title** _____ **Date** _____

OBTAIN SIGNATURE OF LOCAL ABC ADMINISTRATOR'S APPROVAL

Your Local ABC Administrator must approve this application before it is forwarded to the State ABC. Take or mail this application and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Department.

This certifies that the applicant(s) herein above named have been approved for the types of license applied for and for the premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR _____ **Date** _____

☐ City of _____ Administrator (or) the ☐ County of _____ Administrator

You may now forward this application, all attachments, and your state license fee to:

KENTUCKY DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1003 Twilight Trail

Frankfort, Kentucky 40601-8400

Telephone 502-564-4850

Fax 502-564-1442

TYPES OF LICENSE & FEES

Site I.D. #

To determine the ABC license fee(s), find the license type(s)
In the left column, then move right across the table to the month that the license will become effective.

Attach a certified check, cashier check, or a money order.
Make payable to: KENTUCKY STATE TREASURER

LICENSE TYPE	<u>PREFIX</u>	✓	FULL YEAR FEE Pay this amount	HALF YEAR FEE Pay this amount
WHOLESALE LIQUOR AND WINE	WH	<input type="checkbox"/>	2,000.00	1,000.00
MALT BEVERAGE BEER DISTRIBUTOR	MD	<input type="checkbox"/>	500.00	250.00
TOTALS				

CHECK LIST

- Have you attached a certified check, cashier check or money order, payable to: Ky. State Treasurer for your License fees and a separate check for your Kentucky Background checks? ☐Yes ☐ No
- Have the buyer and seller (if applicable) signed and had this application notarized? ☐Yes ☐ No
- Have you answered each question fully and checked the type(s) of license(s) you are applying for? ☐Yes ☐ No
- Have you signed your application(s) and had your signature notarized? ☐Yes ☐ No
- Have you secured the signature of approval from your local ABC Administrator on this application? ☐Yes ☐ No ☐ N/A
- Have you attached a certified copy of your newspaper advertisement for this license? ☐Yes ☐ No ☐ N/A
- Have you attached articles of incorporation, partnership papers, or other organizational papers? ☐Yes ☐ No ☐ N/A
- Have you attached a signed copy of your lease that does not expire before your license expires? ☐Yes ☐ No ☐ N/A
- If applying for a liquor wholesalers license, have you attached your brand Registration forms? ☐ Yes ☐ No
- If applying for a liquor wholesalers license, have you attached a copy of your Surety bond? ☐ Yes ☐ No
- If applying for a malt beverage distributors license, have you attached your brand and territory designation forms from each supplier? ☐ Yes ☐ No

**FORWARDING YOUR APPLICATION TO THE KENTUCKY ABC
DEPARTMENT**

You may now forward this application, all attachments, and your state
license fee to:

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850

Fax (502) 564-1442

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Site ID #

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DISTILLED SPIRITS, WINE AND MALT BEVERAGE TAX BOND

Name of Applicant _____

Address _____ County _____

Having filed an application to engage in the business of trafficking in distilled spirits and wine in accordance with the Alcoholic Beverage Control Laws Acts of the 1983 General Assembly of Kentucky, as amended, now we, _____, Principal and _____ Surety, of (name of Surety) _____ hereby bind ourselves in the sum of _____ dollars, that the said Principal will pay to the Commonwealth of Kentucky, the amount of tax and penalties and interest for which the said Principal may become liable.

This bond shall not be binding on either Principal or Surety unless the license applied for and for which this bond is required to issued to the Principal upon proper authority of the Commonwealth of Kentucky, and shall be subject to cancellation upon sixty (60) days written notice by the Principal, Surety or proper authority of the Commonwealth of Kentucky.

This bond shall expire on _____.

Witness our hand this _____ day of _____, _____.

Signature of Principal _____ Date _____.

Signature of Surety _____ Date _____.

All applicants for a Brewer, Distiller, Rectifier, Blender, Vintner, Wholesaler or Non-Resident Licensee Permit must execute a bond and submit the application for a License. The amount of the bond to be determined by the Department of Alcoholic Beverage Control and the Kentucky Revenue Cabinet under (KRS 243.400 and KRS 243.410.)

DISTILLED SPIRITS AND OR WINE BRAND REGISTRATION

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
Phone (502) 564-4850
Fax (502) 564-1442

In compliance with KRS 244.440, we hereby register our brands listed herein, which will be distributed by the following named Kentucky Wholesalers:

1. Supplier (Company Name) _____ (Phone) _____ (Fax) _____
2. Supplier Complete Address _____
3. Supplier's Federal Permit Number _____
4. Authorized Signature of Supplier _____ Date _____
5. Kentucky Wholesaler Name _____ Ky. ABC License # _____
6. Wholesaler's Federal Permit Number _____ (Phone) _____ (Fax) _____
7. Authorized Signature of Wholesaler _____ Date _____
8. Name of Brands (Please print clearly one Brand per line) (Include all current approved brands and new brands being added.)

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SUBMIT ORIGINAL AND TWO (2) COPIES.

***ABC will send the Kentucky Wholesaler this copy after its approval.
You are not required to include Labels or BATF documentation.***

SUPERSEDES FILE NUMBER

EFFECTIVE DATE

THIS FILE NUMBER

DISTILLED SPIRITS AND OR WINE BRAND REGISTRATION

PAGE TWO OF TWO

1. Type or print legibly. After you complete the form, submit the original form and two (2) copies to the Kentucky ABC Department. Page one of this form may be reproduced if additional space is needed.
2. You are not required to include labels or BATF documentation.
3. New brand registration forms should be completed and filed with the Ky. ABC Department: (1) when the supplier name changes, (2) when the wholesaler changes, (3) when any new brands are added, or (4) when a brand is deleted.
4. In addition to filing Brand Registration Form Ky. ABC 715 for all brands distributed by Wholesalers in Kentucky, you are also required by DISCUS (Distilled Spirits Counsel US) to furnish our office, by the 15th. of each month, reports of any shipments transported into Kentucky. Copies of your invoices will be sufficient. If there are no shipments, a basic form letter stating no activity from your company for that month is appropriate.
5. If you are sending representatives into Kentucky to solicit your Brands, you must also complete an ABC Schedule "A" and obtain a separate Agent's or Solicitor's license for each individual.
6. Make yourself aware of the following Kentucky Revised Statutes and Kentucky Administrative Regulations listed below:
 - KRS 244.167 Unlawful acts relating to wholesalers or distributors – Definition of "primary source of supply."
 - KRS 244.230 Federal labeling regulations adopted – Labeling when manufactured outside country.
 - KRS 244.440 Registration of wholesalers authorized to handle particular brands.
 - KRS 243.340 Business authorized by special agent's or solicitor's license – Form.
 - KRS 244.280 Peddling prohibited.
 - 804 KAR 4:020 Nonresident, special agent or solicitor.
 - 804 KAR 4:240 Registration of brands.
 - 804 KAR 4:245 Registration of brands definitions.

Full copies of these laws and regulations are available at <http://www.lrc.state.ky.us/statrev/frontpg.htm> or through our offices.

**MALT BEVERAGE BREWER BRAND APPROVAL AND
DISTRIBUTOR TERRITORIAL DESIGNATION AGREEMENT IN KENTUCKY**

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850
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*A SEPARATE FORM MUST BE MADE FOR EACH BRAND IF HANDLED IN MORE THAN ONE TERRITORY BY
DIFFERENT BEER DISTRIBUTORS.*

THIS FORM MAY BE REPRODUCED IF NECESSARY.

*SUBMIT TO THE KENTUCKY ABC DEPARTMENT YOUR REQUEST FOR APPROVAL NO LATER THAN 20 DAYS
PRIOR TO THE INTRODUCTION OF A NEW BRAND IN KENTUCKY OR ANY CHANGES IN CURRENT
AGREEMENTS.*

1. **BREWER NAME** _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

CONTACT PERSON (print name) _____ TITLE _____

2. **SUPPLIER INFORMATION:** check one (1). Are you the ☐ importer or the ☐ master distributor for this brand(s)?

COMPANY NAME _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

CONTACT PERSON (print name) _____ TITLE _____

LICENSE NUMBER _____.

3. **KENTUCKY BEER DISTRIBUTOR'S NAME** _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

CONTACT PERSON (print name) _____ TITLE _____

LICENSE NUMBER _____.

CONTINUED ON PAGE (2) TWO

**MALT BEVERAGE BREWER BRAND APPROVAL AND
DISTRIBUTOR TERRITORIAL DESIGNATION
AGREEMENT IN KENTUCKY**

PAGE TWO OF TWO

4. **BRAND INFORMATION:** List the brand(s) of malt beverages to be distributed by the Kentucky Distributor listed in # 3 of this form.

Are these brands of malt beverages currently assigned, or have been recently assigned, to any other Kentucky Beer Distributor for the same territory? ☐ Yes ☐ No

If yes, you **MUST** obtain the signature of the Kentucky Beer Distributor this agreement will replace in #6 of this form.

5. **TERRITORY INFORMATION:** Describe the assigned territory:

6. **SIGNATURES:**

Signature of Brewer: _____ **Title** _____ **Date** _____

Print name of person signing: _____

**Signature of Importer or
Master Supplier (if applicable):** _____ **Title** _____ **Date** _____

Print name of person signing: _____

Signature of Kentucky Beer Distributor: _____ **Title** _____ **Date** _____

Print name of person signing: _____

**Signature of Distributor being replaced
By this agreement (if applicable):** _____ **Title** _____ **Date** _____

Print name of person signing: _____ **Kentucky ABC License #** _____